# PART B - FEE(S) TRANSMITTAL

womplete and spid this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Op.			or	<u>Fax</u> (703) 746-4000			
appropriate. All further condicated unless corrected maintenance fee notificati	orrespondence including the d below or directed otherwise ons.	Patent, advance of e in Block I, by (a	ders and not	PUBLICATION FEE (if requification of maintenance fees value a new correspondence address	vill be mailed to the current	correspondence address as	
CURRENT CORRESPONDE	NCE ADDRESS (Note: Use Block 1 fo	r any change of address)		Note: A certificate of	mailing can only be used f	or domestic mailings of the	
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27717	7590 01/24/2005			have its own certificate	e of mailing or transmission.	ciit or formai diawing, must	
SEYFARTH SH	łAW			Cer	rtificate of Mailing or Tran	emission	
55 EAST MONR				I hereby certify that the	nis Fee(s) Transmittal is bein	g deposited with the United	
SUITE 4200				States Postal Service v	nis Fee(s) Transmittal is bein with sufficient postage for fi I Stop ISSUE FEE address	rst class mail in an envelope s above, or being facsimile	
CHICAGO, IL 60 05/2005 DEMMANUZ 0000	0603-5803			transmitted to the USP	TO (703) 746-4000, on the	date indicated below.	
/05/2005 DEMMANU2 0000	0062 10690058			Christine	Pav Mk	(Depositor's name)	
FC:2501	700.00 OP			106	wora.	(Signature)	
FC:1504	300.00 OP				4/1/15	(Date)	
FC:8001	12.00 OP				TITOS	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/690,058	10/21/2003	•	Carlo	Conti	TJK/421	3489	
	TWO-STAGE PUMP WITH	HICH HEAD AND				3107	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	04/25/2005	
EXA	MINER	ART UN	IT	CLASS-SUBCLASS	]		
KERSHT	EYN, IGOR	3745		415-199100	•		
1. Change of corresponden	ce address or indication of "F	ee Address" (37	2 For pri	nting on the patent front page, li	st		
CFR 1.363).		`	-	mes of up to 3 registered pater	, Trimot	<u>hý J. Keefer</u>	
Change of correspon	ndence address (or Change of	Correspondence	or agents OR, alternatively, Seyfarth: Shaw LLP				
(7) the name of a single firm (having as a member a 4							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  Tegistered attorney or agent) and the registered attorney or agent attorneys or agents listed, no name will be printed.				ed patent attorneys or agents. If	no name is 3 Reg	No. 35,567	
3. ASSIGNEE NAME AN	D RESIDENCE DATA TO E	BE PRINTED ON T	THE PATEN	Γ (print or type)			
PLEASE NOTE: Unles recordation as set forth	ss an assignee is identified bin 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app Γa substitute	pear on the patent. If an assign for filing an assignment.	nee is identified below, the o	locument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Finder Po	mpe S.p.A		Merate	(LC), Italy			
Please check the appropria	te assignee category or catego	ories (will not be pr	inted on the p	patent): 🔲 Individual 🖾 Co	orporation or other private gr	oup entity Government	
4a. The following fee(s) are	e enclosed:	4b	. Payment of	` '			
Issue Fee				in the amount of the fee(s) is en			
	Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # 6	of Copies <u>Four (4)</u>		The Director Deposit Acc	ector is hereby authorized by clount Number	harge the required fee(s), or (enclose an extra c	credit any overpayment, to copy of this form).	
	s (from status indicated above	,					
a. Applicant claims	SMALL ENTITY status. See	37 CFR 1.27.	b. Applic	ant is no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
The Director of the USPTC NOTE: The Issue Fee and interest as shown by the rec	o is requested to apply the Iss Publication Fee (if required) cords of the United States Pat	ue Fee and Publicat will not be accepted ent and Trademark	tion Fee (if ar I from anyone Office.	ny) or to re-apply any previousle other than the applicant; a regi	y paid issue fee to the applications or the application of the applica	ation identified above. he assignee or other party in	
Authorized Signature				. Date	3/30/05		
Typed or printed name	Timothy J. Ke	efer		Registration	No. 35,567		
This collection of informat an application. Confidential submitting the completed a this form and/or suggestion	non is required by 37 CFR 1.3 Lity is governed by 35 U.S.C. application form to the USPT	11. The informatio 122 and 37 CFR 1 O. Time will vary	n is required 1.14. This col depending up	to obtain or retain a benefit by t llection is estimated to take 12 r pon the individual case. Any co nation Officer, U.S. Patent and	he public which is to file (an minutes to complete, including mments on the amount of tight.)	d by the USPTO to process) ng gathering, preparing, and me you require to complete	

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#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:	)
CONTI	) TWO-STAGE PUMP WITH HIGH HEAD ) AND LOW DELIVERY
Application No. 10/690,058	)
	)
Filing Date: October 21, 2003	)

### TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Mail Stop: Issue Fee

Dear Sir:

Please find enclosed the following in the above-captioned patent application:

- 1. Part B Fee(s) Transmittal in duplicate; and
- 2. A check in the amount of \$1012.00 in payment of the issue fee, publication fee and soft copy fee.

Please charge any additional fees to Deposit Account No. 19-1351. A duplicate of this transmittal is enclosed.

Please acknowledge receipt of the above by returning the enclosed self-addressed, stamped postcard.

Date: \$\B\\\ 30\\\ 65

SEYFARTH SHAW LLP 55 East Monroe Street Suite 4200 Chicago, Illinois 60603-5803 Telephone: (312) 346-8000 Facsimile: (312) 269-8869 Respectfully Submitted,

Timothy J. Keefer, Reg. No. 35,567

#### **CERTIFICATE OF MAILING**

I hereby certify that this paper is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: April 1, 2005

Christine Pavlyk

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## **TRANSMITTAL** For FY 2005

J	<b>Applicant</b>	claims	small	entity	status.	See 37	CFR 1.27	

TOTAL AMOUNT OF PAYMENT (\$) 1012 00

APR 0 4 2005 Under the Page

Complete if Known					
Application Number	10/690,058				
Filing Date	10/21/03				
First Named Inventor	CONTI				
Examiner Name	Kershteyn				
Art Unit	3745				
Attorney Docket No.	TJK/421				

				Morney Docke	t No. 15K	· · · · · · · · · · · · · · · · · · ·	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 19-1351  Deposit Account Name: Seyfarth Shaw LLP							
For the above-ident	ified deposit	account, the Dire	ector is hereby	y authorized to	o: (check all th	at apply)	
Charge fee(s	) indicated b	elow		Charg	ge fee(s) indic	ated below, exc	ept for the filing fee
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under 37 CFI WARNING: Information on thi information and authorization	s form may b	ecome public. Cre	edit card inforn	nation should n	ot be included	on this form. Pro	vide credit card
FEE CALCULATION	• " •						
1. BASIC FILING, SEAI	FILING		SEARCH	H FEES		TION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	<del></del>
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
Fee Description	2. EXCESS CLAIM FEES  Fee Description  Small Entity Fee (\$) Fee (\$)						
Each claim over 20 (			,			50 200	25
Each independent cla		(including Rei	ssues)			200 360	100 180
Multiple dependent claims 360 180  Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims							
					Fee Paid (\$)		
HP = highest number of tota	l claims paid f	or, if greater than 2					
Indep. Claims	Extra Clair		) <u>Fee Pa</u>	<u>iid (\$)</u>			
- 3 or HP = 0 x = HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)    - 100 =   /50 = (round up to a whole number)   x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)							
Other (e.g., late filin	Other (e.g., late filing surcharge): Issue fee; publication fee and 4 patent copies 1012.00						

SUBMITTED BY	0	3 8400 300 7		3,17-8
Signature	*		Registration No. (Attorney/Agent) 35,567	Telephone 312-346-8000
Name (Print/Type)	Timothy J. Keefer			Date 3/30/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.